

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Troche Property Maintenance, Inc.
BUSINESS STREET ADDRESS: 2101 SW 136 Ave ZIP 33325
BUSINESS MAILING ADDRESS: 2101 SW 136 Ave ZIP 33325
BUSINESS PHONE: (954) 815-2276
DESCRIBE TYPE OF BUSINESS: Lawn Maintenance
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>George Pfeiffer</u>	<u>2101 SW 136 Ave</u>	<u>Davie, 33325</u>	<u>236-2730</u>
2. <u>Jeanette Pfeiffer</u>	<u>2101 SW 136 Ave</u>	<u>Davie, 33325</u>	

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 00, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Print Owner or Officers Name and Title

Signature of Owner or Officer

Jeanette Pfeiffer, Vice President

Office Use Only: Date 3/22/00 Category 08600 Fee 21 Rec# 142746 New ☒ Trans ☐
License # _____ Control # _____ Zoning R-1
Council approval Required Yes ☐ No ☐ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION